TOWN OF DAVIE 6591 S.W. 45 STREET DAVIE, FLORIDA 33314 (954)797-1005

OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application.

Once completed, return the application to the building division located at Town Hall.

APPLICANTS: COMPLETE FRONT PAGE ONLY BUSINESS NAME: Saint David Catholic Church BUSINESS STREET ADDRESS: 3900 South University Prive, Davie, Florida ZIP 33398 BUSINESS MAILING ADDRESS: ______5dme BUSINESS PHONE: 954-475-8016 DESCRIBE TYPE OF BUSINESS: Church Carnival. October 26, 27, 28, 29th, 2000 BUSINESS IS: Corporation_____ Sole Proprietor____ Partnership____ Owner/Officer (s) Home Address City/Zip 9401 RISCAUNITIBLYD MIAMISHIPES 305 751- Archdiecese of Miami 6241 33138 Federal ID Number or Social Security Number_____ Square Footage of Business At This Location: Office _______ Warehouse______ Number Of Full-Time Employees At This Location ______Part-Time Employees ______ What Was Previous Use Of Business Location ______ \(\mathcal{D} \) A Industrial/Manufacturing Areas: Is your wastewater system Septic______ Sewer___ I understand that this is an application for and occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license, upon receipt, is valid until September 30, ____ and must be renewed before each October 1st. Rev. Gabrief O'Reilly Print Owner or Officers Name and Title Signature of Owner or Officer

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